

Please type or print in ink.

A Public Document

2009 MAR 23 PM 4:33

NAME (LAST)	(FIRST)	(MIDDLE)	PERSONNEL MGMT/TRNG SVCS	
DENTON, Ph.D.	JOAN	E.	(916) 322-6325	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1001 I STREET	SACRAMENTO	CA	95812	OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

OFFICE OF ENV. HEALTH HAZ. ASSESSMENT

Division, Board, District, if applicable:

Your Position:

DIRECTOR

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)☒ State☐ County of _____☐ City of _____☐ Multi-County _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2008,
through December 31, 2008.

-or-

☐ The period covered is 01 / 01 / 08, through
December 31, 2008.☐ Leaving Office Date Left: ____/____/____
(Check one)☐ The period covered is January 1, 2008, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ Candidate Election Year: _____**4. Schedule Summary**► Total number of pages
including this cover page: 3► Check applicable schedules or "No reportable
interests."I have disclosed interests on one or more of the
attached schedules:Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)Schedule B ☐ Yes - schedule attached
Real PropertySchedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)Schedule D ☒ Yes - schedule attached
Income - GiftsSchedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule.**5. Verification**I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.Date Signed MARCH 23, 2009
(month, day, year)

Signature _____

File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

JOAN E. DENTON, Ph.D.

▶ NAME OF BUSINESS ENTITY
BERKSHIRE HATHAWAY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
MANUFACTURING

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 08 _____ / _____ / 08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
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☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
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NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 08 _____ / _____ / 08
 ACQUIRED DISPOSED

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name JOAN E. DENTON, Ph.D.

► NAME OF SOURCE
CALIFORNIA GRAPE & TREE FRUIT LEAGUE

ADDRESS
978 W. ALLUVIAL, SUITE 107, FRESNO, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOBBYIST

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 08	\$ 20.17	MEAL EXPENSE
02 / 20 / 08	\$ 18.00	GIFT BOX
	\$	

► NAME OF SOURCE
CA COUNCIL FOR ENV. AND ECON. BALANCE

ADDRESS
100 SPEAR STREET, SUITE 805, SF, CA 94106

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOBBYIST

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 21 / 08	\$ 33.00	SWEATER VEST
	\$	
	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: